

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,840,325.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,840,325.32
YTD Amount:	\$	23,105,531.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00011220
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	7,773.49
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	6,458.49
YTD Amount:	\$	55,343.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	100,734.60
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	38,708.20
YTD Amount:	\$	447,299.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00938334
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	650,100.75
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	55,041.45
YTD Amount:	\$	1,718,091.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00149500
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	103,577.26
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	12,181.36
YTD Amount:	\$	294,208.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00118559
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	82,140.58
County Medical Services Program Offset	\$	79,998.80
<u>Net Claim / Payment Amount</u>	\$	2,141.78
YTD Amount:	\$	188,203.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.02081557
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,442,153.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,442,153.60
YTD Amount:	\$	11,731,654.93

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

Total amount collected: \$103,340,582.57 Percentage of collection: 0.67042825
Gross monthly apportionment: \$69,282,445.93 County/City Ratio: 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	97,115.28
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	18,979.48
YTD Amount:	\$	321,200.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00542727
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	376,014.54
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	22,485.74
YTD Amount:	\$	937,633.13

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:		0.00000000

<u>Gross Claim</u>	\$	1,761,435.52
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	1,761,435.52
YTD Amount:	\$	14,328,958.55

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00134475
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	93,167.57
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	14,374.27
YTD Amount:	\$	285,145.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 2/25/2011

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00944552
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	654,408.73
County Medical Services Program Offset	\$	654,408.73
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,246,212.15

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	648,465.68
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	9,023.48
YTD Amount:	\$	1,438,497.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:	0.10000000	

<u>Gross Claim</u>	\$	126,705.82
County Medical Services Program Offset	\$	110,025.70
<u>Net Claim / Payment Amount</u>	\$	16,680.12
YTD Amount:	\$	370,574.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.01731625
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,199,712.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,199,712.15
YTD Amount:	\$	9,759,445.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	323,201.92
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	39,918.62
YTD Amount:	\$	929,489.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

Total amount collected: \$103,340,582.57 Percentage of collection: 0.67042825
Gross monthly apportionment: \$69,282,445.93 County/City Ratio: 0.00205164
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	142,142.64
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	39,846.34
YTD Amount:	\$	542,531.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00147004
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	101,847.97
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	33,136.67
YTD Amount:	\$	416,245.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.32827794
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	22,743,898.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	22,743,898.61
YTD Amount:	\$	185,017,462.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00459604
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	318,424.89
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	30,210.19
YTD Amount:	\$	861,043.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.01088548
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	754,172.68
County Medical Services Program Offset	\$	754,172.68
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,518,836.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
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MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 1/16/2011 TO: 2/15/2011

Total amount collected: \$103,340,582.57 Percentage of collection: 0.67042825
Gross monthly apportionment: \$69,282,445.93 County/City Ratio: 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	54,270.33
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	10,764.13
YTD Amount:	\$	180,442.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00296652
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	205,527.76
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	40,027.86
YTD Amount:	\$	678,930.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	397,341.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	397,341.76
YTD Amount:	\$	3,232,303.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00086396
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	59,857.26
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	12,953.86
YTD Amount:	\$	205,509.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00123310
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	85,432.18
County Medical Services Program Offset	\$	36,930.90
<u>Net Claim / Payment Amount</u>	\$	48,501.28
YTD Amount:	\$	473,384.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

Total amount collected: \$103,340,582.57 Percentage of collection: 0.67042825
Gross monthly apportionment: \$69,282,445.93 County/City Ratio: 0.00843637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	584,492.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	584,492.35
YTD Amount:	\$	4,754,735.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00458913
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	317,946.15
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	11,649.45
YTD Amount:	\$	748,658.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00291055
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	201,650.02
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	15,570.72
YTD Amount:	\$	523,915.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

Total amount collected: \$103,340,582.57 Percentage of collection: 0.67042825
Gross monthly apportionment: \$69,282,445.93 County/City Ratio: 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,824,606.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,824,606.48
YTD Amount:	\$	31,112,480.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	248,607.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	248,607.59
YTD Amount:	\$	2,022,377.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	85,491.77
County Medical Services Program Offset	\$	85,491.77
<u>Net Claim / Payment Amount</u>	\$	0.00
YTD Amount:	\$	160,414.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.03234150
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,240,698.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,240,698.23
YTD Amount:	\$	18,227,675.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.03348594
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,319,987.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,319,987.83
YTD Amount:	\$	18,872,680.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00176124
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	122,023.02
County Medical Services Program Offset	\$	108,601.10
<u>Net Claim / Payment Amount</u>	\$	13,421.92
YTD Amount:	\$	341,025.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.03592458
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,488,942.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,488,942.77
YTD Amount:	\$	20,247,101.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.06138058
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	4,252,596.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,252,596.72
YTD Amount:	\$	34,594,107.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.06260937
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,337,730.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,337,730.29
YTD Amount:	\$	35,286,654.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.01414137
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	979,748.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	979,748.70
YTD Amount:	\$	7,970,077.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00470870
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	326,230.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	326,230.25
YTD Amount:	\$	2,653,823.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,006,676.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,006,676.02
YTD Amount:	\$	8,189,126.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	601,357.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	601,357.08
YTD Amount:	\$	4,891,930.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:		0.00000000

<u>Gross Claim</u>	\$	2,420,285.25
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	2,420,285.25
YTD Amount:	\$	19,688,581.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	407,832.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	407,832.50
YTD Amount:	\$	3,317,643.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00804393
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	557,303.15
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	21,201.85
YTD Amount:	\$	1,316,953.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00028606
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	19,818.94
County Medical Services Program Offset	\$	13,588.80
<u>Net Claim / Payment Amount</u>	\$	6,230.14
YTD Amount:	\$	79,690.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00227385
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	157,537.89
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	20,334.49
YTD Amount:	\$	458,316.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	794,223.48
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	107,110.78
YTD Amount:	\$	2,338,187.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.01854596
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	1,284,909.47
County Medical Services Program Offset	\$	1,284,909.47
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	2,579,509.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

Total amount collected: \$103,340,582.57 Percentage of collection: 0.67042825
Gross monthly apportionment: \$69,282,445.93 County/City Ratio: 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	796,445.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	796,445.36
YTD Amount:	\$	6,478,938.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	310,793.43
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	11,181.63
YTD Amount:	\$	730,577.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00302136
	County Medical Services Program Offset Ratio:	0.10000000	

<u>Gross Claim</u>	\$	209,327.21
County Medical Services Program Offset	\$	191,229.90
<u>Net Claim / Payment Amount</u>	\$	18,097.31
YTD Amount:	\$	555,460.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00127823
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	88,558.90
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	27,409.20
YTD Amount:	\$	353,515.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.01023676
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	709,227.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	709,227.77
YTD Amount:	\$	5,769,440.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00234036
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	162,145.87
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	16,613.87
YTD Amount:	\$	445,838.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	940,085.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	940,085.89
YTD Amount:	\$	7,647,428.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	258,674.33
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	258,674.33
YTD Amount:	\$	2,104,268.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00366093
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	253,638.18
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	14,080.18
YTD Amount:	\$	625,954.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00123264
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	85,400.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	85,400.31
YTD Amount:	\$	694,717.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

Total amount collected: \$103,340,582.57 Percentage of collection: 0.67042825
Gross monthly apportionment: \$69,282,445.93 County/City Ratio: 0.00559311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	387,504.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	387,504.34
YTD Amount:	\$	3,152,282.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000162A
PAYMENT ISSUE DATE: 2/25/2011

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2011 TO: 2/15/2011

<u>Total amount collected:</u>	\$103,340,582.57	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$69,282,445.93	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	129,999.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	129,999.50
YTD Amount:	\$	1,057,522.39